



PREAUTHORIZED DEBITS/PAD PLAN AGREEMENT

1. Payor's Name and Address

I/we warrant and represent that the following information is accurate:

Name _____

Address _____

Telephone No. _____

Account No. _____

Name of Payor's Financial Institution (the "Processing Institution")

Bank (No.) _____

Transit No. _____

Account No. _____

I/We have attached a specimen cheque marked "VOID" to this payor authorization (the "Authorization")

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization within 10 days prior to the next due date of the PAD.

2. Payee's Name and Address

Gosfield North Communications Co-operative Limited

P. O. Box 130

Cottam, ON NOR 1B0

519-839-4734

fax 519-839-5055

gosfield@gosfieldtel.com

www.gosfieldtel.com

3. I/We authorize Gosfield North Communications Co-operative Limited, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Gosfield North Communications Co-operative Limited account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 20th day of each month. Gosfield North Communications Co-operated Limited will provide 10 days written notice of the amount of each regular debit. Gosfield North Communications Co-operative Limited will obtain my/our authorization for any other one-time or sporadic debits.

4. I/We acknowledge that the authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the rules of the Canadian Payments Association.



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5. I/We warrant the guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
6. I/We hereby authorize the Payee to issue Pre-authorized Debits (as defined in Rule H1 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose: telephone account payments.
7. I/We may cancel the Authorization at any time upon providing written notice to the Payee. This cannot exceed 30 days. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.
8. I/We acknowledge that the provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
9. The Payee will provide to me/us, at the address provided in Section 1:
 - a. With respect to fixed amount PADs, written notice of the amount to be debited (the "Payment Amount") on the date(s) on which the Payment Amount debited will be posted to my/our account (the "Payment Date") at least 10 calendar days before the Payment Date of the first PAD, and such notice shall be provided every time there is a change in the Payment Amount of the Payment Date(s);
 - b. Waiver of pre-notification – I/We waive any and all requirements for pre-notification of debiting, including, with limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.**
10. Type of Service – Personal.
11. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Payee on the Account.



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12. Revocation of the authorization does not terminate any contract for goods or services that exist between me/us and the Payee. The authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

13. I/We may dispute a PAD only under the following conditions:

- a. The PAD was not drawn in accordance with the Authorization;
- b. The Authorization was revoked; or
- c. Pre-notification, as required under Section 8 was not received

I/We hereby acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on what the PAD in dispute was posted to the Account.

I/We acknowledge that when disputing any PAD beyond the time allowed in this section it is a matter to be resolved solely between me/us and the Payee, outside the payments system. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

14. I/We agree that the information contained in the Authorization may be disclosed to Payees Financial and Billing Service providers as required to complete any PAD transaction.

15. I/We understand and accept the terms of participating in this PAD plan.

(Authorized Signature)

(Date)

(Authorized Signature)

